

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.
107019258

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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7	/		/			
8	0		0			
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50						
TOTAL IND.	3					
TOTAL DEP.	11					
TOTAL CLAIMS	14					

	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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